

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number Q94633
FY 2009		Confirmation Number 1395
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number	10/577,154	Filing Date April 26, 2006
For	HYALURONIC ACID COMPOUND, HYDROGEL THEREOF AND JOINT TREATING MATERIAL	
Art Unit	1623	Examiner Name Bahar Schmidtmann
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00
<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00
<input type="checkbox"/> Previous Payment Amount	Date Submitted _____	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.		
I am the	<input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 33,725 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____	
WASHINGTON OFFICE 23373 CUSTOMER NUMBER		
<u>/Bruce E. Kramer/</u>		September 8, 2011
Signature		Date
Bruce E. Kramer		(202) 293-7060
Typed or printed name		Telephone Number
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.	